

**TOWN OF ROCKLAND  
HIGHWAY DEPARTMENT**

**DAVID TAYLOR**

*Highway Superintendent*

*841 Market Street*

*Rockland, MA 02370*

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To: Snow Plowing Contractor/Individual

From: David Taylor

At the Town Administrator's request all snow plowers must return forms listed below pertaining to you for payments to be processed.

Contents are: Name on Insurance/Registration/W-9/Indemnification Agreement should all match the payee!

- 1) W-9 Form Completed with name matching the Pay To for your services
- 2) Indemnification Agreement
- 3) Automobile Insurance Certificate for plow/sanders minimum limits of \$250K for Property Damage and Bodily Injury of \$250K/500K listing TOWN OF ROCKLAND as additional insured
- 4) EITHER "Snow Plowing" listed on the Automobile policy

OR

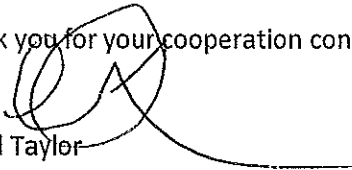
General Liability Policy with minimum \$500K limit

- 5) Registration for the Vehicle(s) in use for Town purposes
- 6) Companies with employees (not a sole proprietor) provide a Workmen's Compensation Insurance Certificate
- 7) Non-registered vehicles (bobcats) require a General Liability Policy with \$500K limit

Please make sure you sign and date where necessary.

Please return forms requested as soon as possible so when the snow arrives there will be no delay of payment to you or your company.

Thank you for your cooperation concerning this matter.

  
David Taylor  
Highway Superintendent

TOWN OF ROCKLAND

**HIGHWAY SUPERINTENDENT**

841 Market St

Rockland Ma 02370

Ph (781) 878-0634

Fax (781) 982-8692

**CONTRACTOR'S INDEMNIFICATION AGREEMENT**

\_\_\_\_\_  
**Contractor name**

shall, to the maximum extent permitted by law, indemnify and save harmless the Town of Rockland its officers, agents and employees from and against any and all damages, liabilities, actions, suits, proceedings, claims, demands, losses, costs and expenses, including reasonable attorneys' fees that may arise out of or in connection with the work being performed by aforesaid Contractor, its employees, agents, subcontractors, or material men. The existence of insurance shall in no way limit the scope of this indemnification.

The aforesaid Contractor further agrees to reimburse the Town of Rockland for damage to its property caused by the contractor's employees, agents, subcontractors or material men, including damages caused by his, its or their use of faulty, defective or unsuitable material or equipment, unless the damage is caused by the Town of Rockland gross negligence or willful misconduct.

\_\_\_\_\_  
For the Contractor

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

## **INSURANCE REQUIREMENTS FOR CONTRACTORS, LESEES**

The contractor or lessee shall procure and maintain insurance against claims for injuries or losses to persons or property that are alleged to have arisen in connection with activities of the contractor or lessee, and any agents, representatives, subcontractors or employees. Insurance companies must be licensed by the Commonwealth of Massachusetts or otherwise acceptable to **(Town of Rockland)**. The cost of such insurance, including required endorsements or amendments, shall be the sole responsibility of the contractor or lessee. Full disclosure of any non-standard exclusion is required for all required coverage's.

# **ROCKLAND HIGHWAY DEPARTMENT**

<b>PLOW RATES</b>	<b>2016-2017</b>	<b>PER HOUR</b>
4x4 Pick Ups		\$ 85.00
1 Ton		\$ 95.00
6 Wheel Dump 24,000GVW		\$ 100.00
10 Wheel Dump		\$ 115.00
Triaxle 11ft plow		\$ 120.00
Backhoe w/ plow		\$ 138.00
SM Loader w/plow		\$ 160.00
Big Loader w/plow		\$ 175.00
Grader w/plow		\$ 200.00
Sander		\$ 97.00
Bob Cat		\$ 85.00

In addition \$1.00 per hour will be paid to any contractor with a cell phone in his possession during storm.

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see Instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
	-  -
Employer identification number	
	-  -  -  -  -  -

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.